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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Numb	er 1	0/722,104		
FEE TRANSMITTAL				Filing Date	N	lovember 25, 2003	3	
Foi	r FY 20	007	1	First Named Inver	ntor D	aniel P. Becker		
Applicant claims small	ontitu efatue	See 37 CER 1.2	,	Examiner Name	D	Davis, Zinna Northington		
	<u>-</u> -			Art Unit	11	625		
TOTAL AMOUNT OF PAYI	MENT (\$)	1,050.00	'	Attorney Docket N	10. P	C27788		
METHOD OF PAYMENT (check all that apply)								
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The state of the s	Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 16-1445 Deposit Account Name Pfizer Inc.							
For the above-identifi								
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	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
under 37 CFR	1.16 and 1.1	s) or underpaymer		O'cuit ai	,	oayments		
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FEE CALCULATION)R F 1U-2000.						····	
1. BASIC FILING, SEAR	CH AND E	VAMINATION						
1. BAGIO FILINO, OLAN	FILING F	EES		CH FEES E	EXAMIN	NATION FEES		
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Entity	Fee (\$	Small Entity	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	-	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE:	S					Fee (\$)	mall Entity	
Fee Description Each claim over 20 (in	soluding Re	siegnoc)				50	Fee (\$) 25	
Each independent clair			(2°4)			200	100	
Multiple dependent cla		iciaang	(3)			360	180	
	Extra Claim:	s Fee (\$)	Fee	Paid (\$)			endent Claims	
- 20 or HP =		х	=			Fee (\$)	Fee Paid (\$)	
HP = highest number of total of Indep. Claims I	laims paid for. Extra Claim:		Foo	Paid (S)				
- 3 or HP =		_ x	=	raiu 191				
HP = highest number of indepe			an 3					
APPLICATION SIZE FI If the specification and c	EE fravings ex	cond 100 sheets	of nar	···· (evoludina elec	oronies	ally filed sequence	or computer	
listings under 37 CFI								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheet	s <u>Number</u> 	of each	h additional 50 or fr (round up to a whol	raction		Fee Paid (\$)	
 OTHER FEE(S) Non-English Specifica 	ition. \$13	0 fee (no small	entity d	discount)			Fees Paid (\$)	
Other (e.g., late filing	1050.00							

SUBMITTED BY	A . I	c 6		
Signature	John 1	f. typhan	Registration No. (Attorney/Agent) 28,075	Telephone 269-833-2532
Name (Print/Type)	John H. Enge	Date J 4 6, 2001		

This collection of information is required by 37 CPF 1136. The information is required to obtain or retain a benefit by the outbit which is to file (and by the USFF 0.5 process) an application. Confidentially is governed by 35 USF 0.72 and 37 CPF 1.14. This collection is estimated to take 30 minutes to complete the process of the proc